

# Appointment Cancellation Notice

Date: [Insert Date]

Dear [Patient's Name],

We regret to inform you that your cardiology appointment scheduled for [Insert Date and Time] has been cancelled due to [reason for cancellation].

Please contact our office at [Insert Phone Number] to reschedule your appointment at your earliest convenience. We apologize for any inconvenience this may cause.

Thank you for your understanding.

Sincerely,

[Your Name]

[Your Title]

[Clinic Name]

[Clinic Contact Information]